



16569 U.S. PTO

041604

PATENT  
Atty. Dkt. AMAT/8303/CMP/ECP/RKK

**IN THE UNITED STATES PATENT  
AND TRADEMARK OFFICE**

**MAIL STOP PATENT APPLICATION**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

CERTIFICATE UNDER 37 CFR 1.10

I hereby certify that this correspondence and the documents referred to as attached therein are being deposited on April 16, 2004 with the United States Postal Service in an envelope as "Express Mail Post Office to Addressee," mailing label No. EV335470820US addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

<u>April 16, 2004</u>	
Date	Signature

17548 U.S. PTO  
10/826489



041604

Re:Inventor(s): ALLEN L. D'AMBRA; ARULKUMAR SHANMUGASUNDRAM; MICHAEL X. YANG; YEVGENIY (EUGENE) RABINOVICH and DMITRY LUBOMIRSKY

Title: SLIM CELL PLATFORM PLUMBING

Transmitted herewith is the patent application identified above, including:

- |                                     |   |  |               |
|-------------------------------------|---|--|---------------|
| <input checked="" type="checkbox"/> | Specification, claims and abstract                            | 30   | Total Pages   |
| <input checked="" type="checkbox"/> | Drawings  | <input checked="" type="checkbox"/> Formal <input type="checkbox"/> Informal | 7 Total Pages |
| <input checked="" type="checkbox"/> | Executed Declaration and Power of Attorney                    |  |               |
| <input type="checkbox"/>            | Information Disclosure Statement with List                    |  |               |
| <input checked="" type="checkbox"/> | Assignment of the Invention to <b>Applied Materials, Inc.</b> |  |               |
| <input checked="" type="checkbox"/> | Assignment Recordation Cover Sheet                            |  |               |

**FEE CALCULATION**

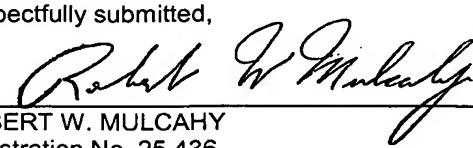
	NUMBER OF CLAIMS FILED	LESS NUMBER PAID BY BASIC FEE	NUMBER OF EXTRA CLAIMS (Not less than zero)	LARGE ENTITY FEE
Basic Fee				\$770.00
Total Claims	21	- 20 = 1	X \$18 =	\$18.00
Independent Claims	3	- 3 = 0	X \$86 =	\$0.00
First Presentation of Multiple Dependent Claims		+ \$..00		-0-
Total Filing Fee Calculation				\$788.00

- The Commissioner is hereby authorized to charge \$788.00 to Deposit Account No. 50-1074/8303/CMP/ECP/RKK. A duplicate copy of this transmittal is enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-1074/8303/CMP/ECP/RKK. A duplicate copy of this transmittal is enclosed.
- Please address all future correspondence to:  Please direct all telephone calls to:

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Respectfully submitted,

  
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